FEC FORM 9 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

I. Individual, Organization or Qualified Nonpr	ofit Corporation Making the Disbursement/Obligations
(a) Name	
Alliance For A New America (b) Address (number and street) check if different PO Box 174	han previously reported 2. FEC Identification Number
(c) City, State and ZIP Code Alexandria	VA 22313
(d) Name of Employer or Principal Place of Business	(e) Occupation
New S. Is This Statement or Amended	4. Covering Period M 1 2
5. (a) Date of Public Distribution(s) M _{1 2} C C C C C C C C C C C C C C C C C C	
3. Is the Filer a Qualified Nonprofit Corporation	on under 11 CFR 114.10(c)? Yes No X
7. Were the disbursements for the electionee from donations to a segregated bank according to the control of th	T VAC IVI NOI I
B. Custodian of Records (a) Name Katherine M Buchanan (b) Address (number and street) PO Box 174	
(c) City, State and ZIP Code	
Alexandria	VA 22313
(d) Name of Employer or Principal Place of Business	(e) Occupation
). Total Donations This Statement	10000.00
0.Total Disbursements/Obligations This Stat	ement 8817.36 _
Under penalty of perjury, I certify that this statement is true, communications reported herein were made by a corporation under the Commission's regulations.	correct and complete. In addition, if the electioneering n, I cerify that the corporation is a qualified nonprofit corporation
TYPE OR PRINT NAME OF PERSON COMPLETING FO	RM Katherine M. Buchanan
SIGNATURE	DATE 01/09/2008